

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	M-G		9/30/00
O.I.P.E. CLASSIFIER	TJ/K		K-7
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	OK	W/M	

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	Original
1	✓
2	✓
3	✓
4	✓
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Claim	Date
Final	Original
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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